



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200

**C3-HC**  
**Job Sheet 176911**



Part No: C3-HC

Job Qty: 1 ea

Part Name: C-Series Remote Hook 3,000 lbs Lift Capacity With Cage



Part Weight: 0 lbs

Status: Scheduled

Priority: Medium

Job Created: 5/3/18

Job Tracking No:

Due Date: 6/11/18

Created By: Marie Lajeunesse

Type: SOLD

Description:

Note: IPP Rev A 18.03.28 New issue DP Verify DD

Ship Via:

### Bill of Materials

### Job Routing

| Op No | Operation          | Qty   | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |           | Sign-off |
|-------|--------------------|-------|------------|----------|-----------|---------|-----------------------|-----------|----------|
|       |                    |       |            |          | Setup hrs | Run Hrs | Workcenter / Supplier | Lead Time |          |
| 90    | Start up Operation | 1 Ea  | 6/11/18    | 6/11/18  | 0.00      | 0.00    | Start Up Stores/Pkg-2 |           |          |
| 100   | Small Fab          | 1 pcs | 6/11/18    | 6/11/18  | 0.00      | 0.50    | Small Fab-4           |           |          |
| 110   | QC                 | 1 pcs | 6/11/18    | 6/11/18  | 0.00      | 0.00    | QC5                   |           |          |
| 120   | DC                 | 1 pcs | 6/11/18    | 6/11/18  | 0.00      | 0.00    | DC                    |           |          |
| 140   | Packaging          | 1 pcs | 6/11/18    | 6/11/18  | 0.00      | 0.00    | Packaging3            |           |          |
| 150   | QC21-FG            | 1 Ea  | 6/11/18    | 6/11/18  | 0.00      | 0.00    | QC21                  |           |          |

Part Op 100 - Assemble the hook into the cage using the hardware called out on the C3-C drawing and torque fasteners AN6-17A  
Descriptions: to 160-190 in. lbs. and C-19-1 to 1100-1300 in. lbs.

120 - Photocopy blue file and create labels as per O&OPM-C3.

### Job BOM

| Part / Item | Component Name                               | Quantity    | Operation             | Container |
|-------------|----------------------------------------------|-------------|-----------------------|-----------|
| C3          | C-Series Remote Hook 3,000 lbs Lift Capacity | 1 Ea (1 ea) | 90-Start up Operation | 528062    |
| C3-C        | Single Cage                                  | 1 Ea (1 ea) | 90-Start up Operation | 5068024   |

### Job Allocations

| Operation             | Component Part | Required | Inventory | Allocated |
|-----------------------|----------------|----------|-----------|-----------|
| 90-Start up Operation | C3             | 1        | 0         | 0         |
|                       | C3-C           | 1        | 2         | 0         |

ations

not be found.

Plex 5/3/18 8:57 AM Dart.lajeunesse.marie



Container No: S068094

Part: C3-HC  
Job No: 176911  
Serial No/Batch: S068094  
Revision:  
Inspector:

Dart Aerospace Ltd.  
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CANADA  
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Date: 05/03/18

C3 Cargo hook  
Serial number 03-2534-02

Made Nov 21st 2017

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                                                                                                                                                     |  |  |
|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                               |  |                                                                                                                                                     |  |  |
| Date :                                                       |                                                | Step #:                                                                                                                                                                            |                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  | MRB (QSI042) Approval<br><br><br>Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |  |  |
| Description Work Order Deviation                             |                                                |                                                                                                                                                                                    |                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               |  |                                                                                                                                                     |  |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                                                                                                                                                     |  |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                                                                                                                                                     |  |  |
| Root Cause                                                   |                                                | FAULT CATEGORY                                                                                                                                                                     |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                                                                                                                                                     |  |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Positioned Wrong <input type="checkbox"/>     |  |                                                                                                                                                     |  |  |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                                                                                                                                                   | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Outside Dimensions <input type="checkbox"/>   |  |                                                                                                                                                     |  |  |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>                                                                                                                                     | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Over/Under tolerance <input type="checkbox"/> |  |                                                                                                                                                     |  |  |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                                                                                                                                                    | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Part Incorrect <input type="checkbox"/>       |  |                                                                                                                                                     |  |  |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                    | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Part Lost/Missing <input type="checkbox"/>    |  |                                                                                                                                                     |  |  |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                                                                                                                                                     | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Part Moved <input type="checkbox"/>           |  |                                                                                                                                                     |  |  |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>                                                                                                                                                  | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Drawing <input type="checkbox"/>              |  |                                                                                                                                                     |  |  |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>                                                                                                                                                | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Finish <input type="checkbox"/>               |  |                                                                                                                                                     |  |  |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                        | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Misread <input type="checkbox"/>              |  |                                                                                                                                                     |  |  |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>                                                                                                                                             | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Turning Sequence <input type="checkbox"/>     |  |                                                                                                                                                     |  |  |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/> | OTHER :                                                                                                                                                                            |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                                                                                                                                                     |  |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>              |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                                                                                                                                                     |  |  |



# Job Traveler

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Date: 05/10/2018

Job: 03-2534

Asm: 0

\*03-2534\*

\*0\*

Part: C3

Rev: 2

\*C3\*

\*2\*

Description: Remote Cargo Hook - 3,000 Lb

|                 |                  |                          |       |    |     |   |                  |
|-----------------|------------------|--------------------------|-------|----|-----|---|------------------|
| 490             | AN960-10         | FLAT WASHER              | 2.00  | EA | Mfg | 0 | 'issued Complete |
| *49*AN960-10*   |                  |                          |       |    |     |   |                  |
| 500             | AN960-10L        | WASHER                   | 4.00  | EA | Mfg | 0 | 'issued Complete |
| *50*AN960-10L*  |                  |                          |       |    |     |   |                  |
| 510             | AN960-416        | FLAT WASHER DIA. 1/4"    | 16.00 | EA | Mfg | 0 | Open             |
| *51*AN960-416*  |                  |                          |       |    |     |   |                  |
| 520             | AN960-616L       | 5/8"OD, THIN FLAT WASHER | 4.00  | EA | Mfg | 0 | Open             |
| *52*AN960-616L* |                  |                          |       |    |     |   |                  |
| 530             | MS21044N4        | NUT, SELF LOCK           | 8.00  | EA | mfg | 0 | Open             |
| *53*MS21044N4*  |                  |                          |       |    |     |   |                  |
| 540             | MS21083N3        | SELF-LOCKING NUT         | 4.00  | EA | mfg | 0 | 'issued Complete |
| *54*MS21083N3*  |                  |                          |       |    |     |   |                  |
| 550             | MS21083N6        | NUT                      | 2.00  | EA | mfg | 0 | 'issued Complete |
| *55*MS21083N6*  |                  |                          |       |    |     |   |                  |
| 560             | MS35266-63       | SOLENOID COVER SCREW     | 2.00  | EA | mfg | 0 | 'issued Complete |
| *56*MS35266-63* |                  |                          |       |    |     |   |                  |
| 570             | HEAT SHRINK TUBE | HEAT SHRINK TUBE         | 2.00  | EA | mfg | 0 | 'issued Complete |

# Job Traveler

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Date: 05/10/2018

Job: 03-2534

Asm: 0

\*03-2534\*

\*0\*

Part: C3

Rev: 2

\*C3\*

\*2\*

Description: Remote Cargo Hook - 3,000 Lb

\*57\*HEAT, SHRINK, TUBE\*

## OPERATIONS:

| Seq No. | Oper. | Description | Oper. Qty | Res. | Setup Est. Hours | Prod. Est. Hours | Standard | Start | Due | Status |
|---------|-------|-------------|-----------|------|------------------|------------------|----------|-------|-----|--------|
| 10      | ASSEM | ASSEMBLY    | 2.00      | 1.00 | 0.00             | 0.00             | 0.00MP   |       |     |        |

\*10\* \*ASSEM\*

DO NOT ATTACH PLUG

Attachment of Latest Revision of QMSF-8.1, Inspection Required

Good Qty.: \_\_\_\_\_ Rework \_\_\_\_\_ Rej. Qty.: \_\_\_\_\_ Init: \_\_\_\_\_ Date: \_\_\_\_\_

## OPERATIONS:

| Seq No. | Oper.  | Description            | Oper. Qty | Res. | Setup Est. Hours | Prod. Est. Hours | Standard | Start | Due | Status |
|---------|--------|------------------------|-----------|------|------------------|------------------|----------|-------|-----|--------|
| 20      | EPILOG | EPILOG LASER/ENGRAVING | 2.00      | 1.00 | 0.00             | 0.00             | 0.00MP   |       |     |        |

\*20\* \*EPILOG\*

Attachment of Latest Revision of QMSF-8.1, Inspection Required

Good Qty.: \_\_\_\_\_ Rework \_\_\_\_\_ Rej. Qty.: \_\_\_\_\_ Init: \_\_\_\_\_ Date: \_\_\_\_\_

## OPERATIONS:

| Seq No. | Oper. | Description | Oper. Qty | Res. | Setup Est. Hours | Prod. Est. Hours | Standard | Start | Due | Status |
|---------|-------|-------------|-----------|------|------------------|------------------|----------|-------|-----|--------|
| 30      | TEST  | TESTING     | 2.00      | 1.00 | 0.00             | 0.00             | 0.00MP   |       |     |        |

\*30\* \*TEST\*

# Job Traveler

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Date: 05/10/2018

Job: 03-2534

Asm: 0

\*03-2534\*

\*0\*

Part: C3

Rev: 2

\*C3\*

\*2\*

Description: Remote Cargo Hook - 3,000 Lb

## OPERATIONS:

| Seq No.                                                                         | Oper. | Description         | Oper. Qty | Res. | Setup Est. Hours                                   | Prod. Est. Hours | Standard | Start | Due | Status |
|---------------------------------------------------------------------------------|-------|---------------------|-----------|------|----------------------------------------------------|------------------|----------|-------|-----|--------|
| 40                                                                              | PACK  | PACK/BAG/LABEL/SHIP | 2.00      | 1.00 | 0.00                                               | 0.00             | 0.00MP   |       |     |        |
| *40*                                                                            |       | *PACK*              |           |      |                                                    |                  |          |       |     |        |
| <div> <div>LABEL BAG WITH: PART NUMBER, REVISION LEVEL, JOB NUMBER</div> </div> |       |                     |           |      | QTY MNF _____ QTY SHIPPED _____ QTY IN STOCK _____ |                  |          |       |     |        |

## OPERATIONS:

| Seq No.                                                                     | Oper. | Description      | Oper. Qty | Res. | Setup Est. Hours | Prod. Est. Hours | Standard | Start | Due | Status |
|-----------------------------------------------------------------------------|-------|------------------|-----------|------|------------------|------------------|----------|-------|-----|--------|
| 500                                                                         | FININ | FINAL INSPECTION | 2.00      | 1.00 | 0.00             | 0.00             | 0.00MP   |       |     |        |
| *500:                                                                       |       | *FININ*          |           |      |                  |                  |          |       |     |        |
| Attachment of latest revision of form QMSF-8.2.4, Final Inspection required |       |                  |           |      |                  |                  |          |       |     |        |
| Good Qty.: _____ Rework _____ Rej. Qty.: _____ Init: _____ Date: _____      |       |                  |           |      |                  |                  |          |       |     |        |